



CITY OF West Linn

Summer Day Camp 2011 Supplemental Questionnaire

Name _____

Address _____ City _____ Zip _____

Phone number _____ Email address _____ Age _____

Please choose a week: June 27-July 1 _____ July 5-8 _____ July 11-15 _____

July 18-22 _____ July 25-29 _____ August 1-5 _____ August 8-12 _____ August 15-19 _____

August 22-26 _____

Please choose a camp: Mini Campers _____ Shorty Sporty Camps _____ Fun in the Sun _____

Please note: you must also include two (2) letters of recommendation with your Volunteer application and supplemental questionnaire. Please ask a teacher, coach, church leader or youth group leader to write a recommendation for you and submit with your application materials. Please note: your application materials will be deemed incomplete without two letters of recommendation.